



State of Utah
Department of Workforce Services
EMPLOYER VERIFICATION STATEMENT

_____ has applied for utility benefits through the Home Energy Assistance Target (HEAT) Program. In order to complete his/her application, it is necessary that wage information for the month of _____ be verified. This information is kept strictly confidential and will be used solely for the purpose of determining eligibility for the HEAT assistance program. Please complete the part(s) relevant to the employee's situation.

Release Statement: I, _____, verify that the last four digits of my Social Security Number are ____ _ and I give my permission to release my employment information to the HEAT Program.

Employee's Signature: _____ Date: _____

EMPLOYER INFORMATION: *Must be completed by employer.*

Name/Company: _____

Telephone: _____

Address: _____

City, State, Zip: _____

Signature _____ Date _____

I certify that the above named person works/has worked for me and is/was paid:*

Check one: ☐ Weekly ☐ Bi-weekly ☐ Bi-monthly ☐ Monthly

And is/was employed: ☐ Part time ☐ Full time.

If the employee is no longer working for you, **also complete the section titled "Terminated Employment."*

I further verify that the above employee's **total gross wages** (before taxes or other deductions) during the month of _____, year of _____ was \$ _____.

Deductions:

Were any Medical/Dental deductions or Child Support or Alimony taken out of the employee's wages? ☐ Yes ☐ No

If yes, what was the amount for the month is question?

Medical and/or Dental \$ _____ Child Support \$ _____ Alimony \$ _____

PART A - CURRENTLY EMPLOYED

☐ I certify that the above named employee is currently employed by my company.

PART B - TEMPORARY EMPLOYMENT (FARM, LABORER, TEMP AGENCY)

☐ I certify that the above-named employee worked as a temporary employee during the month of _____, year of _____ and had total gross wages of \$ _____.

TEMPORARY AGENCIES: Please provide a printout of all checks received for the month needed.

PART C - TERMINATED EMPLOYMENT

☐ I certify that the above named person no longer works with our company.

Date last worked: _____ Date last paycheck was received: _____

HEAT Worker: _____ HEAT Office: _____

Date: _____ Telephone: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.